

March 8, 2013

HB 5744 Act Concerning Childhood Immunization

HB 6158 An Act Concerning Vaccine Distribution

Good afternoon Senator Gerratana, Representative Johnson and Members of the Public Health Committee

My name is Sandi Carbonari and I am the President of the CTAAP. We have worked very hard for many years to ensure that CT continues to have one of the highest rates of fully immunized children entering kindergarten in the country. Last year, without our input, mandated changes were made requiring all providers to use vaccine ordered through DPH for 10 of the 13 immunizations. Since then we have spent many hours making every effort to make this new system (the CT Vaccine Program or CVP) workable so that access to immunizations is not jeopardized. CVP has made some improvements. However, there are still issues that remain problematic.

Currently, CVP has an antiquated ordering system. Everything must be done on paper. Each practice must account for every vaccine on hand using lot and NDC numbers, for our practice that is 19 different vaccine products. Then, the practice must request what is needed for the next month and wait 5-7 business for its arrival. I have attached a sample order sheet. Before this mandate took effect, practices could order vaccine on-line from their supplier, the order would arrive in 1-2 business days, and reordering could be done at any time. After 16 years our state immunization registry is still not on-line, so we are not optimistic about any rapid changes in this current difficult and unwieldy system.

Secondly, the state mandate does not allow for providers of immunizations to be paid for their vaccine related costs. Before this mandate the payment to providers by health insurers included the cost of the actual vial of vaccine along with overhead costs. This includes personnel costs for ordering and inventory (which takes hours), the cost of storage in specific temperature controlled refrigerators and freezers with locks, alarms (see attached photo for an example), and back up generators, and insurance for damaged vaccine (even smaller practices have thousands of dollars worth of vaccine stored at any time). At the end of the month, with our lowest inventory, our practice has about \$50,000 worth of vaccine.

The American Academy of Pediatrics has published a paper called The Business Case for Pricing Vaccines. It explains how vaccine product related costs are 17-28% of the CDC price of the individual vaccine.

The result of the current mandate is that health insurers are able to save in two significant ways: (1) They now purchase vaccine for their clients at the very reduced CDC price and (2) They no longer have to pay anything for costs involved in having vaccine available for their clients. An example is PEDIARIX vaccine (a combination vaccine which includes immunizations against Diphtheria, Tetanus, Pertussis or whooping cough, Hepatitis B, and Polio). The retail price is about \$70, the CDC price is \$52, a savings of \$18 for this single vaccine. The vaccine product related expenses for Pediarix is approx \$14, bringing the real cost of the vaccine to \$66. The pediatrician is covering that \$14 cost while the health insurers are paying \$18 less. It is unfair that pediatricians should bear the cost of having vaccine available for children who have health insurance. These costs have historically been paid by health insurers-it is what parents expect when they pay their premiums and it is the insurers' responsibility.

Another way to look at this example of PEDIARIX:

CURRENT CVP PROGRAM:

Cost of Product from CDC	52.10
Product related cost	<u>14.59</u>
Total cost	66.69

Amount paid by insurers	52.10
Cost to provider	14.59

BEFORE CURRENT MANDATE:

Retail Cost	70.72
	<u>14.59</u>
	85.31

	85.31
	0.00

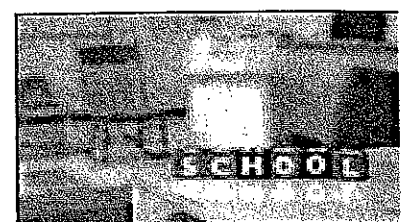
As you can see, there is an unreimbursed cost to providers for every immunization that is covered by the current CVP program. To help put this in perspective, children are immunized against 14 different diseases in the first 2 years of life. With the required series and boosters one child will get 22 injections of the vaccines covered by CVP in the first 2 years of life. The provider is paying all the costs of making it possible to have these vaccines available for children.

We respectfully request the following changes to the CT Vaccine Program:

- A workable and reliable on-line ordering system be available within 6 months
- Allow providers to bill insurers for vaccine product related expenses
- Form a committee of stakeholders to help DPH improve this program for children, providers and the Department
- If these points are not possible, allow providers to opt out of the program



Vaccination Coverage among School Children in Kindergarten, 2009-2010 School Year



Q. My college says that I need to submit my immunization record. Where can I get a copy?

A. If you were born in 1998 or after and were enrolled in the Connecticut Immunization Registry and Tracking System (CIRTS) then you could get a copy of your immunization record by calling 860-509-7929. Otherwise, check with your pediatrician or family doctor who may have a copy of your immunization record as providers should retain records for 7 years after last treatment. You could also check with your grammar school or high school as schools should retain immunization records for 50 years.

Q. Can an adult who had a reaction to the old DPT vaccine as an infant (i.e. high fever, uncontrolled crying for over 4 hours) receive the Tdap vaccine?

A. Yes, an adult who had high fever or uncontrolled crying over 4 hours after receiving DTP vaccine may receive Tdap vaccine.

Q. Can a parent claim a religious exemption just for a particular vaccine – for instance, I had parents last year invoke a religious exemption just for the flu vaccine.

A. Yes, a parent can request a religious exemption for just a particular vaccine. We recommend that parents complete the Religious Exemption Certificate Statement posted on the Department of Public Health website at: http://www.ct.gov/dph/lib/dph/rel_exempt_cert_form_rev_Apr_2011.pdf. The medical and religious exemption forms are now available in several languages.

School vaccination requirements in the United States date back to 1855, when Massachusetts became the first state to require smallpox vaccine for school entry to control smallpox epidemics. The U.S. Supreme Court upheld the constitutionality of school vaccination requirements in 1922. Since 1978, vaccination levels among children entering school have been assessed annually by state and local health departments. In general, school or health department personnel review the vaccination histories of enrolled students to determine compliance with school requirements established to protect children from vaccine-preventable diseases and ensure high vaccination coverage rates as they begin school. Results of the school-level reviews are reported to the state/area health department, which then reports aggregated totals to CDC (not all grantees report both vaccination coverage and exemption levels.)

Healthy People 2020 objectives include maintaining vaccination coverage among children in kindergarten. The target is ≥95% vaccination coverage for the following vaccines: polio; diphtheria and tetanus toxoids and acellular pertussis (DTP/DTaP/DT); measles, mumps, and rubella (MMR); hepatitis B (HepB); and varicella. Data from school assessment surveys are used to monitor vaccination coverage and vaccination exemption levels among children enrolled in kindergarten. The vaccination status of students is considered up-to-date if they had received all of the vaccine doses required for school entry in their state or area. **Connecticut reported that overall compliance remained very high for kindergarten entry.** Despite national concerns about increases in exemptions for vaccinations, total exemption rates increased only from .75 % for all K and 7th grade in 2009 to .82 % in 2010. The table below shows CT reporting.

	Total Kindergarten Entries
# of schools	1,572 (public and private)
# of children	92,995
Religious Exemption	0.62 %
Medical Exemption	0.20 %
Total Exemptions	0.82 %
DTaP	99.4 %
Polio	99.4 %
MMR	99.6 %
Hep B	99.5 %
Varicella	99.5 %
2 nd MMR	99.8 %

Immunization Program Epidemiologists:

Region 1 (western CT)

Paul Sookram
860-509-7835

Region 2 (New Haven area)

Dan Wurm
860-509-7811

Region 3 (eastern CT)

Sharon Dunning
860-509-7757

Region 4 (Hartford area)

Linda Greengas
860-509-8153

Local IAP Coordinators:

Bridgeport

Joan Lane
203-372-5503

Danbury

Irene Litwak
937-730-5240

Hartford

Tish Rick Lopez
860-547-1426 x7048

Naugatuck Valley

Elizabeth Green
203-881-3255

New Britain

Ramona Anderson
860-612-2777

New Haven

Jennifer Hall
203-946-7097

Norwalk

Pam Bates
203-854-7728

Stamford

Cynthia Vera
203-977-5098

Torrington

Sue Sawula
860-489-0436

Waterbury

Randy York
203-346-3907

West Haven

Patty Murphy
937-937-3665

Other areas

Debora Alvarenga
860-509-7241

Results: State-Specific Influenza Vaccination Coverage US, New England Region* and Con- necticut,

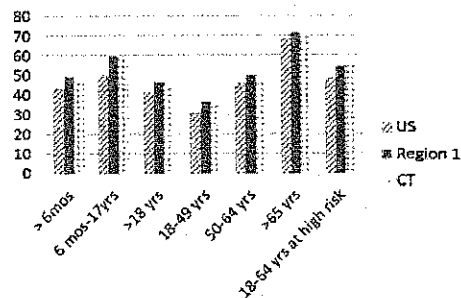
August 2010-February 2011

The 2010-11 influenza season was unusual because it followed the 2009 influenza A pandemic (H1N1) season and was the first season the Advisory Committee on Immunization Practices (ACIP) recommended influenza vaccination of all persons aged ≥ 6 months. The season also was notable because a record number of seasonal influenza vaccine doses (approximately 163 million) were distributed in the United States.

To provide preliminary state-specific influenza vaccination coverage estimates, CDC analyzed Behavioral Risk Factor Surveillance System (BRFSS) data for adults aged ≥ 18 years and National Immunization Survey (NIS) data for children aged 6 months-17 years collected from September 2010 through March 2011. The record high seasonal vaccination coverage achieved during 2009-10, 41.3% among persons aged ≥ 6 months in 43 states and DC was sustained during the 2010-11 season, 42.8%. Coverage for Hispanic and non-Hispanic black children increased by 11-12 percentage points from 2009-10 levels.

Opportunity exists to improve coverage in all age groups, particularly among adults. To accomplish that, health departments and other non office-based vaccination providers can increase access to vaccination at work and school locations, pharmacies and stores, and other nonmedical sites. In addition, physicians and clinics should implement proven strategies for improving vaccination coverage (e.g., office-based protocols, including reminder/recall notification and standing orders).

Influenza vaccine coverage Behavioral Risk Factor Surveillance System (BRFSS) and National Immunization Survey (NIS) August 2009-February 2011



National Immunization Awards

Connecticut received two awards at this year's National Immunization Conference in Washington D.C. on March 28th from Dr. Regina Benjamin, Surgeon General, U.S. Public Health Service and Dr. Anne Schuchat, Assistant Surgeon General and Director of CDC's National Center for Immunization and Respiratory Diseases.

Accepting the awards from Connecticut were Vincent Sacco, Immunization Program Manager; Melinda Mailhot, Public Health Advisor; Debbye Rosen, Adult Immunization Coordinator.



Left to right: Dr. Regina Benjamin, Vincent Sacco, Melinda Mailhot, Dr. Anne Schuchat

These accomplishments would not have been achieved without the hard work and dedication of immunization providers throughout the state who have contributed to the success of the Connecticut Immunization Program over the last 10 years, maintaining some of the highest immunization coverage rates in the nation for Connecticut children.

Connecticut Vaccine Program Vaccine Order Form (VO

FAX TO: 860-509-8371 or email: DPH.IMMUNIZATIONS@ct.gov

1. As a requirement of this program, your VOF is due on or before the first business day of each month, even if you do not need additional vaccine.
2. Complete the box below with any dates your practice will be closed this month. Do not include weekends.
3. Balance your inventory from last month's report to match your current physical inventory:
(inventory + order - DA) = actual inventory (+/- transfers & returns).
4. Calculate your order up to a maximum of 2-1/2 month supply of vaccine inventory.
5. Report doses administered totals with **WHOLE NUMBERS ONLY**.
6. Please retain copies of this report for three years.
7. Report state-supplied vaccine only. Questions? Please Call: (860) 509-7929. To download additional VOF's go to: www.ct.gov/dph/immunizations

Facility Name and Shipping Address Children's & Family Health Center Croft Communions Pavilion B - 3rd Floor 95 Scoville Street Waterbury, CT 06706 203-709-7061	Date of Report 2/28/13	Completed by G. Giguere, RN	Dates Practice will be closed for the month. Do not include weekends. 3/29/13	Provider PIN #: 5083
	Doses Administered Totals Month / Year Reporting:	Phone Number 203 709-7095		

[illegible]

Name: 203-709-7081
 Waterbury, CT 06706

Vaccine				Inventory				PIN # 50883			
Vaccine	Brand	Doses Per Pack	Doses Ordered	Doses on Hand	Expiration Date	Lot #	Doses on Hand	Expiration Date	Lot #	Doses Administered Totals	
Rotavirus	Rotarix 58160-0854-52	10	50	50	8/3/14	A41C6A 312A	7	9/1/14	A41FB 313A	36	
PCV13	Prevnar 00006-1971-02	10	100	100	1/1/14	FQ0044 AHATB	37	11/15	918856	100	
Pneumo Conj.	Haavix 58160-0825-11	10	100	116	2/1/14	536AB				86	
Hepatitis A	Vaqta 00006-4831-41	10									
MMR	MMMR1 00006-4681-00	10		CT	1/1/14	0183AE	40	4/1/14	0082AE	2	
Varicella	Varivax 00006-4827-00	10		10	5/1/14	H010854	83	7/1/14	H018442	7	
DTaP/IPv	Kinrix 58160-0812-17	10		98	9/1/14	AC20B 208AA				27	
Meningococcal Conjugate	Menactra 49281-0589-05	5		25	10/13	U4275AA	50	11/13	U4343AA	16	
	Menveo 49281-0208-01	5									
Tdap	Boostrix 58160-0842-11	10		167	6/1/14	AC52B 088AA					
	Adacel 49281-0402-10	10									
MMRV	ProQuad 00006-4869-00	10	80	40	2/1/14	H015785	27	2/1/14	H05792	0	
Td	Tenivac 49281-0215-10	10		10	10/1/14	CH153AA				81	
Influenza - 25ml 6-35 mths	Fluzone Sanofi-Sy 49281-0712-25	10		169	6/1/13	U4547EA					
Influenza 5ml 3-18 yrs	Fluzone Sanofi-Sy 49281-0012-50	10									
	Fluzone Sanofi-Vial 49281-0012-10	10									
	Fluarix GSK-Sy 58160-0873-52	10		279	6/1/13	AC11A 108AB				45	
Influenza 5ml 4-18 yrs	FluVish Novartis-Sy 66521-0715-02	10									
Influenza 2ml 2-18 yrs	FluMist Medimmune 60161-10-10	10	150	175	3/11/13	AL2033				167	

Revised 10/12
 Dept. of Public Health • Immunizations Program • 430 Capitol Avenue, Hartford, Connecticut 06134 Phone (860) 509-7929 • Fax (860) 509-8371 • www.ct.gov/dph/immunizations



VACCINE NDC NUMBERS

90633/V05.3	HEP A	58160 825 11
90648/V03.81	HIB	49281 545 05 ?
90649/V05.8	HPV	0006 4045 41
90655/V04.81	FLU 6-35 MTHS	49281-112-25
90658/V04.81	FLU 3 YRS UP	49281-012-50
90660/V04.81	FLUMIST	
90670/V03.82	PNEUM CON PCV 13	00005 1971 02
90680/V04.89	ROTARIX	058160 805 10 851
90696/V06.8	KINRIX	58160 812 11
90698/V06.8	PENTACEL	49281 510 05
90700/V06.1	DTAP	58160 810 11
90707/V06.4	MMR	0006 4681 00
90713/V04.0	IPV	49281 860 10
90715/V06.1	TDAP	58160 842 11
90716/V05.4	VAR	0006 4827 00
90718	TD	49281 291 10
90723/V06.8	PEDIARIX	58160 811 40 ? 52
90734/V03.89	MENIGOC	49281 589 05
90744/V05.3	HEP B	58160 820 52
PRIVATE		
90633/V05.3	HEP A	58160 825 11
90670/V03.82	PNEUM CON PCV 13	0005 1971 02
90680/V04.89	ROTARIX	58160 805 10 861
90649/V05.8	HPV	0006 4045 41 00

3-2-11
4-13-11
8/2/12

